

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/517638

FILING DATE

12/13/04

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3			Cancelled			
4			Cancelled			
5						
6			/			
7			/			
8			/			
9		8		1		
10		8		1		
11		8		1		
12		8		1		
13		8		1		
14		8		1		
15		8		1		
16		8		1		
17		8		1		
18		8		1		
19		8		1		
20		4		1		
21		4		1		
22		4		1		
23		4		1		
24		4		1		
25		4		1		
26		4		1		
27		4		1		
28		4		1		
29			/			
30						
31						
32						
33		4				
34		4				
35		4				
36		4				
37		4				
38		4				
39		4				
40		4				
41		4				
42		4				
43		4				
44		4				
45		4				
46		4				
47						
48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52			/			
53			/			
54						
55		6		1		
56		6		1		
57		6		1		
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95						
96						
97						
98						
99						
100						
TOTAL IND.	20	↓	4	↓		↓
TOTAL DEP.	198	←	23	←		←
TOTAL CLAIMS	218		27			

11x8  
23x4  
3x6